

Patient Education in Primary Care

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Welcome to our resource for patient education and primary care!¹

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators and Patient Health Education Committee members, VISN and VAMC decision makers.

Patient Education Programs Receive VA Public Health Grants

Three patient education programs have received grant awards of \$1000 each from the VHA Public Health Strategic Health Care Group in 2004. Goals of the grant program are to:

- Encourage the development of education and prevention materials and programs related to public health concerns, especially regarding increasing awareness of these concerns, prevention and treatment, screening programs, patient and provider initiatives, treatment adherence, and healthy living with chronic conditions
- Support public health programs for patients receiving care in VHA or for VA health care providers
- Assist with the development of practical, user-friendly materials or programs that can be reproduced elsewhere in VA
- Support materials and programs suited to the specific needs of veterans seen within the VA health care system.

VA Montana Healthcare System, Fort Harrison

The grant is being used to support the Pre-diabetes Lifestyle Education Program for patients who meet the metabolic syndrome criteria as established by the National Cholesterol Education Program. Potential participants were identified through CPRS and recruited through mailed flyers and provider referrals. Patients were encouraged to bring a family member with them to the sessions. The program consists of four weekly group sessions modeled after the NIH GAMEPLAN program designed to help patients make lifestyle changes to prevent onset of diabetes.

The hour-long sessions were conducted by an interdisciplinary team of VA clinicians and included lecture, discussion, and action planning by the participants to incorporate at least one of the session's recommendations into their daily lives. Along with program materials, participants received pedometers, measuring cups to help them with food portions, and T-shirts or tote bags with the program logo. Local health clubs donated passes so that participants could exercise there during the 4-week program if desired.

"Our biggest problem was recruitment," said Ruby Riesland, program coordinator. "There was some confusion among patients between this diabetes prevention program and the regular diabetes program. The personal referrals from clinicians were more successful than the mailed flyers. We're working on ways to strengthen our recruitment efforts for the next series," she added.

"The patients who attended the first program were very positive," said Riesland. "Several patients made measurable changes during the program. One said, 'I'm exercising now, and it's all because of this class.'"

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VA New Mexico Healthcare System, Albuquerque

The grant is being used to support the Intensive Weight Management Program designed for obese (BMI of 27 or higher with co-morbidities or BMI of 30) patients who need a structured approach to help them lose weight. The two dietitians who conduct this program are the only clinicians in the VA facility authorized to prescribe the medication, Orlistat, which is restricted to patients enrolled in this program.

"Most patients are referred by their primary care providers," says Miriam Simmons, coordinator of the program. "We see patients individually each month in one-hour sessions for an average of four months, then for half-hour follow-up sessions each month. We use a strict protocol, and patients know that they must follow it in order to stay in the program," she said. It includes:

- keeping accurate food records (total calories, percent fat intake for each meal and daily totals, and carbohydrate intake when indicated)
- keeping clinic appointments
- documenting physical activity, and

Veterans

Kick



Diabetes

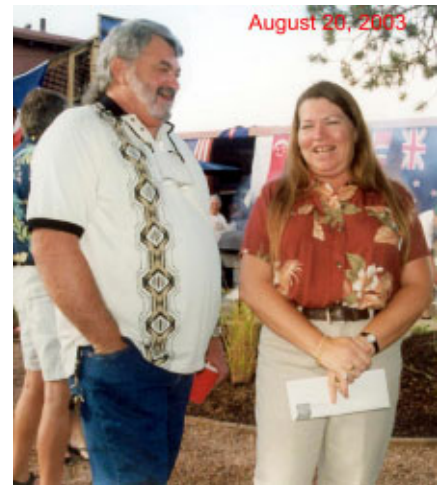
**Diabetes
Prevention
Classes
January 2005**

- showing initial and consistent weight loss
- showing loss in physical girth.

Patients learn how to keep the food records and how to eat a healthy diet. “We stress healthy eating and portion control as a lifelong approach, not eliminating any foods from their diets,” Simmons said. “We offer them the medication if they’re interested, although less than half the patients opt to use it. Those who do are instructed in how to take it and receive monthly refills for a maximum of two years,” she said.



Many times family members attend the program along with the patients. This provides the patient with support, and often the spouse will lose weight as well. All patients enrolled in the intensive weight management program have shown weight loss and reduction in girth measurements, and some have been able to discontinue diabetes and/or hypertension medications due to their weight loss. The accompanying before-and-after photos of one veteran and his wife illustrate the possible achievements that patients can attain through the program. “In addition, restriction of the Orlistat prescription has saved the medical center more than \$88,000.00 per year,” Simmons noted.



“Since we’re the only site in the VISN that offers this program, many patients travel a great distance to participate. We’re planning to set up group follow-up sessions so patients can travel as a group from distant locations and help support each other in maintaining their weight management goals,” Simmons said.

For further information contact:

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VA Medical Center, Atlanta

The grant is being used to produce and distribute videotapes of a Hepatitis C patient education program conducted at the medical center. The program is intended for patients who have had positive Hepatitis C screening tests. It explains the signs and symptoms of Hepatitis C, the treatments that are available, and what patients can do to help themselves. Many patients currently travel a great distance to attend the program, so making it available in the other medical centers and satellite clinics throughout the VISN will allow more patients to participate.

“We plan to work with staff at each location to make sure there’s a clinician available to answer any patient questions,” says Brenda Sizemore, Patient Health Education Coordinator. “There’s also a packet of information that patients receive during the program, so we want to assure that patients viewing the program via videotape will also receive the materials,” she added.

For further information contact:

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Patient Education/Primary Care Program Notes

Prostate Cancer Education

Newly diagnosed prostate cancer patients at the Lakeside CBOC of the Jesse Brown VAMC (formerly the Lakeside Division of VA Chicago Health Care System) experience first-hand all the difficulties and benefits of shared decision making. “The diagnosis provokes feelings of dread and anxiety,” says Kathleen Colella, Urology Case Manager, “but the lack of clinical consensus about which treatment, if any, is best adds even more uncertainty for patients.” Patients must assimilate a great deal of information if they are to make informed decisions about treatment.

“We’ve developed a model for helping patients with this task that generates high levels of patient, nurse and physician satisfaction,” she adds. The model delineates a triad partnership among the patient, advanced practice nurse, and the physician. The nurse is the primary information source for knowledge about the disease and its treatments and serves as the primary educator/facilitator/advocate for patients. The patient provides specific information about his own illness, salient beliefs, expectations of treatment, and personal values. The physician is the treatment specialist and main advisor. Through consultations, there may be more than one physician involved.

The treatment algorithm starts with a phone call from Colella to inform the patient of his biopsy results. Patients with negative results or those needing repeat biopsies are scheduled for follow-up as needed. Patients with positive biopsies are encouraged to attend the Prostate Cancer Education Session within 3-7 days. If a bone scan and abdominal/pelvic CT scan are needed, these are scheduled prior to the education session. “You may think it’s unusual to give patients such news over the telephone, but it can be very helpful for the patient. We used to have the patient come in to hear the results, then we would discuss treatment options with him during the same visit—most patients were overwhelmed and couldn’t really participate in the treatment planning. Now I introduce myself and speak with them caringly by phone (some of them may know me already from their previous clinic visits), and I tell them we’ll talk about all the treatment options when they come to the group session. I encourage them to bring someone with them, and let them know they will also be seen individually by the physician, who will make his recommendations. By the time they get to the session, they’ve had a chance to adjust to the news, and they recall talking with me so we’re not total strangers, and they’re more able to hear the information. A number of patients thank me for the call when they arrive,” Colella said.

A number of effective patient education strategies are employed during the 1½ to 2-hour group session:

1. Establishing rapport
 - patients and their companions are introduced to each other to establish rapport with each other and the advanced practice nurse
 - the nurse conducts the session in a relaxed non-pressured manner, using attending and active listening skills to foster effective relationships
 - meeting people who are battling the same situation relieves a sense of isolation and builds coping skills among both patients and family members
 - sessions are conducted around a conference table (versus classroom seating) to encourage interaction
2. Exploring concerns
 - patients explore salient beliefs about prostate cancer, and may complete individual assessment checklists to help guide their subsequent discussions with their physicians
 - throughout the session, facts about prostate cancer treatment are discussed, myths are dispelled and individual attitudes, beliefs and values are explored

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Prostate Cancer Checklist

Name _____

PROSTATE CANCER

“I’m interested in or would like to know more about. . .”

Place an X before each topic you are interested in or would like to have more information about:

TOPIC

- _____ 1. PSA (prostate specific antigen)
- _____ 2. Gleason’s grade or score
- _____ 3. Prostate gland
- _____ 4. Surgery – removal of the prostate (radical prostatectomy)
- _____ 5. Radiation therapy – external beam
- _____ 6. Brachytherapy – radioactive seeds
- _____ 7. Watchful waiting
- _____ 8. Hormonal therapy – injections
- _____ 9. Removal of testicles (orchiectomy)
- _____ 10. Bone scan – CT scan
- _____ 11. Urinary leakage
- _____ 12. Erectile dysfunction – impotence
- _____ 13. Diet
- _____ 14. Other questions: _____

3. Communicating effectively

- each patient receives a personalized packet of information about prostate cancer, treatment options, support groups, and how to contact the case manager if they have additional questions
- a multi-media approach (incorporating lecture and discussion, booklets and pamphlets, videotapes, and question-answer opportunities) is used to address individualized preferences for learning and decision making
- assistance is provided for patients with low literacy skills

4. Assisting the patient to action

- the clinician reminds patients that they are not expected to make a decision at this point
- immediately following the group session, patients meet individually with their urologists and the case manager to determine plans which may include scheduling additional tests, consultations to oncology or primary care, or referral for treatments outside the VA health care system
- when these arrangements are completed the patient is scheduled for a return appointment to urology clinic to discuss the patient's treatment preferences and to ensure continuity of care
- patients are encouraged to call the urologist or case manager with any questions or concerns that develop during the interim.

"We've been using the group education session since 1997, and we've found that it lays the groundwork for successful shared decision making," says Colella. "It's definitely more time efficient than the earlier individual sessions, and the group camaraderie among the veterans is such an important plus," she added.

The Prostate Cancer Education Session model was published earlier this year: *Colella KM and DeLuca G. (2004) Shared decision making in patients with newly diagnosed prostate cancer: a model for treatment education and support. Urologic Nursing, 24(3):187-196.*

For further information contact:

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Patient Education Resources

Wallet Cards for Veterans

A new tool is now available for veterans to inform them about the variety of benefits and services available to them through the Department of Veterans Affairs. The wallet card format lists both telephone numbers and website addresses of key programs and services.

Mark Brown, Director of Environmental Agents Service in VA Central Office, headed the team that developed the card. "It was a recommendation from the Seamless Transition Committee to help returning Operation Iraqi Freedom and Operation Enduring Freedom veterans understand and take advantage of VA benefits and services," said Brown. "During demobilization, they receive so much information about so many programs and services that much of it can get lost. This wallet card is an easy way to keep critical information at hand so it's there when they need it."

Although it was originally intended as a transition tool, it was quickly expanded to include information helpful to all veterans. "We handed it out to veterans attending the dedication of the World War II memorial this past summer, and they really liked it too," Brown noted.

The cards have been distributed to all VA health care facilities, vet centers and regional offices. Additional copies can be ordered through the depot at VAMC Hines, IL. The card can also be seen on the VA's website at: <http://vaww.va.gov/EnvironAgents>.

For further information contact:

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VA Health Care and Benefits Information for Veterans



Department of Veterans Affairs

Chiropractic Care Brochure

Public Law 107-135, the Department of Veterans Affairs (VA) Health Care Programs Enhancement Act of 2001, requires VA to “carry out a program to provide chiropractic care and services to veterans through VA medical centers and clinics.” The law also states that VA “shall designate at least one site for such program in each geographic service area of the Veterans Health Administration,” that chiropractic care will be provided through “personal services contracts and by appointment of licensed chiropractors in Department medical centers and clinics,” and that the program “shall include a variety of chiropractic care and services for neuromusculoskeletal conditions, including subluxation complex.” The law also requires the establishment of a Chiropractic Advisory Committee to advise the Secretary on protocols governing referral to chiropractors, direct access to chiropractic care, scope of practice of chiropractic practitioners, definition of services to be provided, and such other matters as the Secretary determines to be appropriate.”

VHA will be providing chiropractic care on-site at 28 locations:

Togus, ME	West Haven, CT	New Haven, CT	Buffalo, NY
Bronx, NY	Butler, PA	Martinsburg, WV	Salisbury, NC
Augusta, GA	Tampa, FL	Miami, FL	Mountain Home, TN
Columbus, OH	Danville, IL	Iron Mountain, MI	Kansas City, MO
Jackson, MS	San Antonio, TX	Dallas, TX	Temple, TX
Phoenix, AZ	Albuquerque, NM	Ft. Harrison, MT	American Lake, WA
Sacramento, CA	Redding, CA	West Los Angeles, CA	Sioux Fall, SD

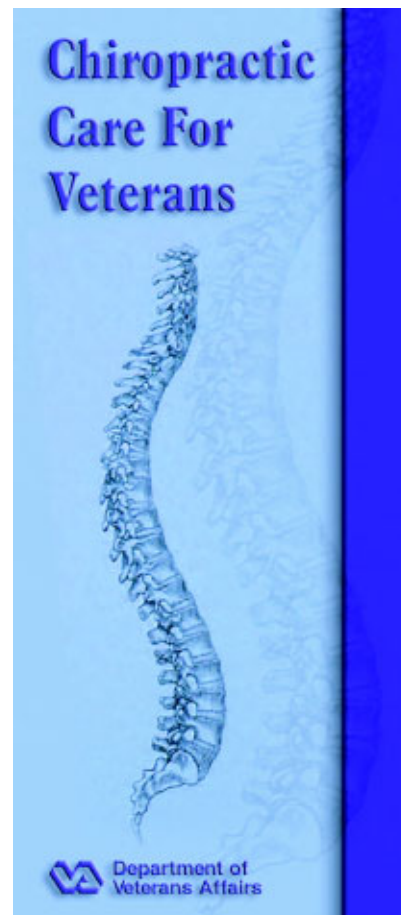
Other facilities will provide chiropractic care through the outpatient fee basis program.

The VA Chiropractic Advisory Committee, in cooperation with Employee Education Service’s Patient Education Program, has developed a brochure to inform veterans of this service and to provide basic information on chiropractic care, qualifications of chiropractors, and how veterans may access this service. Copies of this centrally printed brochure have been shipped to the Patient Health Education Coordinator or contact person at each VA health care facility. The VA Chiropractic Advisory Committee has recommended that it be made available in areas where patients with neuromusculoskeletal conditions are seen, e.g., primary care, physical medicine, rheumatology, orthopedics, neurosurgery, neurology, and pain clinics.

Local facilities may reproduce the brochure if desired. It has also been placed on the VHA publications site at <http://vaww.va.gov/vhapublications/>. A new intranet site for chiropractic care will be established in the future to provide additional information on chiropractic care in VHA. Its address will be <http://vaww.va.gov/chiropractic>. The brochure will also be placed on that site.

For further information contact:

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Teach Tip



Helping Patients Who Are Maintaining a Behavior Change

Patients at this stage have been able to successfully change a problem behavior and maintain the change for at least six months. They feel increasingly confident that they can maintain the change permanently and are less tempted by old behaviors. They report that the change is now part of their daily lives. However, patients may still have some concerns about relapsing into old habits.

The clinician's role at this stage is to congratulate the patient for the hard work that produced the change, and to help the patient identify and use strategies to prevent relapse.

Try any of the following strategies, tailoring your approach to the needs of the particular patient:

- Establish a positive partnering relationship with the patient (*"I'm happy that you've been so successful in making this change, and I'd like to help you maintain it."*)
- Provide support (*"You've worked hard to make this change, and you can feel very good about your accomplishment. Let's review what you've been doing that's working for you."*)
- Teach mental rehearsal skills to help the patient anticipate challenges and handle them without relapsing (*"How will you handle it when _____?"*).

How do we know patient education works?



Implementation of Personal Health Records

This study was conducted in the Continuity of Care Clinic at VAMC Iowa City. Its purpose was to determine the feasibility of implementing personal health records for patients. Eight case managers and 150 patients participated in the study. Half the patients were randomized to receive information about keeping personal health records.

At baseline, the majority of patients had poor records of basic health information. At follow-up, significantly more patients in the intervention group had documentation regarding immunizations, allergies, medications, and operations.

Tobacman JK, Kissinger P, Well M, et al. (2004) Implementation of personal health records by case managers in a VAMC general medicine clinic. Patient Education and Counseling, 54(1):27-33.

Effectiveness of Group Outpatient Visits for Chronically Ill Older HMO Patients

This study was designed to evaluate the effectiveness of a group outpatient visit model, the Cooperative Health Care Clinic, for chronically ill older patients enrolled in a health maintenance organization. Participants included 294 adults aged 60 and older with 11 or more outpatient visits in the prior 18 months, one or more chronic conditions, and expressed interest in participating in a group clinic. Patients were randomly assigned to the intervention or to usual care. The intervention in this randomized controlled trial included monthly group meetings conducted by patients' primary care physicians.



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After two years, patients in the intervention group had significantly fewer hospital admissions, emergency visits, and professional services than patients in the control group. They also reported significantly higher satisfaction with their primary care physicians, better quality of life, and greater self-efficacy. Costs for these patients were \$41.80 per month less than those of control patients. There were no differences between the groups in health status or activities of daily living.

Scott JC, Conner DA, Venohr I, et al. (2004) Effectiveness of a group outpatient visit model for chronically ill older health maintenance organization members: a 2-year randomized trial of the cooperative health care clinic. Journal of the American Geriatrics Society, 52(9):1463-70.

Knowledge of Heart Disease among Women



This study, conducted in the Department of Emergency Medicine at the University of Illinois Medical Center in Chicago, was designed to assess whether the reported higher prevalence of heart disease among urban women may be related to lack of knowledge. Participants included 200 women presenting to the emergency department who were surveyed about their knowledge of heart disease and associated risk factors.

Only 13% of respondents identified heart disease as the leading cause of death in women, and only 6% felt that heart disease was the greatest health issue facing women today.

Only three of the cardiac risk

factors were identified by half of the women surveyed: hypercholesterolemia, hypertension, and tobacco use. Family history was identified by 44% of the respondents, but only 20% felt that diabetes was a risk factor for cardiovascular disease. The majority of respondents thought that breast cancer was the leading cause of death for women, and was the most important health issue for women.

The authors conclude that greater attention needs to be paid to these issues in order to educate women about their potential health risks and how to lessen them.

Prendergast HM, Bunney EB, Roberson T, Davis T. (2004) Knowledge of heart disease among women in an urban emergency setting. Journal of the National Medical Association, 96(8):1027-31.

Performance Improvement Training

Every quarter, *Patient Education in Primary Care* will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire October 2004 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

OR

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

Questions:

1. What strategies are currently used at your facility to address patient weight management and diabetes prevention through lifestyle changes? What can you do to help?
2. How are the wallet cards for veterans being distributed in your facility? What suggestions would you make to enhance these efforts?
3. What strategies are used by clinicians at your facility to educate female patients about their risks for cardiovascular disease? What suggestions would you make to enhance these efforts?

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following
with your input:

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**Coming in
JANUARY:**

***Updates on
Cardiac Care
Education for
Clinicians and
Patients***

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

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Patient Librarian
VAMC Milwaukee, WI

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patient education
coordinator or
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chairperson.**



**Office of Primary and
Ambulatory Care**

**TELL US ABOUT THE TOPICS YOU WOULD
LIKE TO SEE COVERED IN FUTURE ISSUES**